

# Striving for high-quality education



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Since the publication last year of the document on structured education for diabetes that featured quality criteria (Department of Health [DoH] and Diabetes UK, 2005), there has been much debate about what constitutes a 'good' programme, as well as discussion on whether existing education programmes meet those criteria.

A toolkit published in August (DoH, 2006), aims to help practitioners and commissioners to assess programmes critically and objectively, and also to help practitioners to assess their own abilities as educators. The toolkit has two components: a Structured Education Programme Improvement Tool and an Educator Improvement Tool.

## Structured Education Programme Improvement Tool

The first part of this tool explores needs assessments and provision mapping for structured education; this section is for service commissioners and diabetes communities to complete. It would be perfectly appropriate for local diabetes networks or National Service Framework implementation teams to do this work.

The second part of the tool looks at the programmes themselves. Topics that the questions explore include the philosophy of programmes, the curriculum and the underpinning theories, the preparation and training of the educators, and the internal and external quality assurance aspects, as would be expected from the quality criteria published last year. Once this is completed a gap analysis and action plan to address the gaps can be developed. The questions in this section are challenging and thought-provoking. However, if the exercise is approached with the viewpoint of practice being improved there are potentially huge benefits.

The notes at the end of the first tool contain helpful background information, such as suggested reading material, and discussions on what a philosophy of self-management education actually is.

## Educator Improvement Tool

This 'tool', which is really six tools in one, allows educators to assess their own performance, both collectively and individually.

The first of the tools enables educators to critically appraise their own contributions to a particular course, for instance, and allows teams to appraise each other once confidence in the process has been gained.

Individual teaching sessions may also be assessed with a quick review device (the second tool); the kinds of questions asked within this will be familiar to those who have undertaken teaching and education courses. The tool provides a format for reflection in action to improve subsequent sessions within a course.

The third tool is an extension of the first and provides a format for external reviewers to use in order to evaluate courses.

Evaluation from people with diabetes, the recipients of the education, is vital for the development of programmes, and the fourth tool provides a questionnaire to elicit feedback from them. There is also a patient profile tool, to enable the educators to be aware of the group's preferences regarding learning style, for example, and their expectations of the course. Finally, there is a tool to aid course development.

## General points

One of the key features of the tools presented relates to evidence of activities, which does not necessarily need to be extensive. For example, one of the things I need to do to improve the sessions I am involved with is to write things down. I always review any courses I am involved with, usually fairly formally in the context of a meeting, but tend not to keep the minutes of such meetings and rely on scrappy notes and memory! Keeping those minutes would constitute evidence for an external reviewer that the sessions and courses had been changed and were growing and developing.

One aspect of diabetes patient education that has not been overtly addressed in the toolkit is one-to-one education for those who do not wish to participate in groups. Much diabetes education still occurs in these situations (and rightly so), and diabetes teams will need to adapt the tools to evaluate the quality of these sessions.

Undertaking the review process using these tools is not compulsory; however, the toolkit provides a framework for constant improvement, and can help to ensure that high-quality education is provided. To me, it makes sense to use it! ■

Department of Health (DoH; 2006) *How to Assess Structured Diabetes Education: An Improvement Toolkit for Commissioners and Local Diabetes Communities.* DoH, London

DoH, Diabetes UK (2005) *Structured Patient Education in Diabetes: Report from the Patient Education Working Group.* DoH, London

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